

# Fort Worth Adult Day Program Doubles Enrollment, Increases Revenues with Technical Assistance from Partners in Caregiving Program

## Partners in Caregiving: The Dementia Services Program

### SUMMARY

From 1993 to 1996, the Senior Adult Day Program in Fort Worth, Texas, marketed itself to referral sources and expanded its service offerings, thereby doubling its enrollment, while significantly increasing the portion of its revenues derived from increased client fees.

The project was part of the Robert Wood Johnson Foundation (RWJF) *Partners in Caregiving: The Dementia Services Program* national program.

### Key Results

During the three years of the project, Senior Adult Day Program:

- Focused on strengthening referral relationships with physicians.
- Expanded and upgraded service offerings, including transportation, podiatry care and twice monthly cooking lessons.
- Increased daily attendance from 9.75 to 16, with total program enrollment more than doubling.
- Attained financial viability operating three days a week, though it was unsuccessful in a two-month trial offering five-days-a-week, extended-hour services.

### Funding

RWJF's funding of the national program office of *Partners in Caregiving* supported the technical assistance provided to this site.

## THE PROBLEM

In 1992, as a result of a \$10-million bequest, the First Presbyterian Church of Fort Worth, Texas, built a 90,000-square-foot center to provide care for those who suffer from dementia-related disorders and to provide support for their families.

The center included an adult day program, short-term (overnight) respite care, and long-term residential care, and housed the local chapter of the Alzheimer's Association. The center was later incorporated as an independent, nonprofit corporation (the James L. West Presbyterian Special Care Center).

The center's Senior Adult Day Program (SADP), in operation since 1987—and the subject of this report—moved its operations from a small stand-alone building into a specially designed larger space within the James L. West Center building in April 1993.

Prior to the center's involvement with PIC, in 1993, SADP had increased its service schedule from three days a week to five days a week, but had been forced to drop back to three days due to lack of enrollment.

In an effort to recoup, the center's board established a marketing committee to determine an effective marketing strategy, and the center hired a local public relations firm to develop promotional materials and carry out selected marketing activities. In addition, the center's director worked with marketing professionals to craft promotional messages about Alzheimer's disease, client and family needs, and services.

## THE PROJECT

The center's technical assistance arrangement with PIC for SADP spanned the period from July 1993 to July 1996. The center sought PIC technical assistance for SADP because it had a significant deficit following its April 1993 move to much larger facilities (attended by a 50 percent increase in fees charged but a loss of needed enrollment). Based on a financial assessment, SADP sought PIC assistance to scale up enrollment through marketing and to undertake an expansion in total service hours.

At the time of its involvement with PIC, SADP was located within the much larger residential home, the James L. West Special Care Center. SADP occupied part of the ground floor, with its own entrance. Space included an office, a large living room, a secured terrace, separate male and female bathrooms, and a shower. A full kitchen was attached to a dining/activity area. A quiet room with a single bed and a recliner offered clients a chance to rest or have time away from activities and other people.

SADP's enrollment was 18, with an average daily attendance of about 10, and 83 percent of its clients had some form of dementia. Two years later, in 1996, through selective enrollment its enrollment approached 100 percent dementia sufferers. SADP operated

Monday, Tuesday, and Thursday, from 9 a.m. to 4:30 p.m. except major holidays. Services were provided Wednesdays if five or more clients requested it.

Transportation for clients was not provided. When SADP moved to the James L. West Special Care Center, it increased its daily fee by 50 percent, to \$40. This figure reflected its estimated unit costs within the new facility. Initially, client fees covered 79 percent of total expenses (the rest was made up by donations and the value of volunteer service).

SADP offered core services for its clients consisting of nursing supervision, personal care, health monitoring, and assistance with medications, meals, and snacks. Its social and recreation activities included dancing, reality orientation, reminiscence therapy, and current events discussions. SADP made available music and art therapy, and religious services.

It provided other options for a fee through the James L. West Center. These included physical therapy and other rehabilitative service, a beauty/barber shop, and bathing and grooming facilities. Clients could take advantage of temporary overnight accommodations at the residential home on a fee-for-services basis.

An on-going focus on marketing. Beginning in late 1993, SADP focused on strengthening referral relationships with physicians. With marketing advice (and technical assistance funds) from PIC, in 1994, it designed and produced a promotional brochure and presentation folder to be distributed to referral sources, placed ads in local newspapers, hosted a large reception during National Adult Day Services Week, and purchased a video camera (again with PIC's technical assistance funds) in order to capture special events and market the center with video presentations to potential client families.

Within the larger community, SADP also publicized its services at a local Rotary trade fair in 1996, and continued its strong support of an Alzheimer's caregiver support group offered through the county Alzheimer's Association. Finally, it hosted a number of special events more privately, with attendant promotion to caregivers and family. These included a Mother's Day tea, family meals, and a Father's Day celebration.

In early 1995, SADP's manager instituted a policy of mailing letters to client families regarding their satisfaction with services. Staff followed these letters with phone calls. Physicians were similarly contacted on a regular basis, both to check their clients' medication levels and as a means of building contact with them as referral sources.

Through these efforts and the provision of client transportation (see below) average daily attendance increased gradually from 9.75 to 16 in the period 1993 to 1996, and total program enrollment more than doubled.

Increasing hours: two steps forward, one step back. From the beginning of SADP's involvement with PIC, it was attracted to PIC's suggestion to increase its hours. Specifically, PIC suggested that SADP move from three to five days per week, and that it open two hours earlier (7:30 a.m.) and remain open another hour and a half (to 6 p.m.). PIC's rationale was that use of these hours by working caregivers should return enough revenue to offset the very significant extra costs of staffing.

The parent organization's executive director was reluctant to expand hours, however, because the organization was already shouldering a deficit at the 84-bed long-term care home. Nonetheless, in December 1993, SADP did add Wednesday care, and during the third quarter 1994, went to a full five days a week, 7:30 a.m. to 6 p.m. SADP devised three care packages: a full day, a respite day of six hours of care, and a half-day program of four hours, with an articulated fee schedule reflecting these options. Two months later, however, facing a relatively large drop in enrollment due to client illnesses and one client's death, SADP was forced to abandon its fuller schedule.

At the time of its cutback in hours, a turnover occurred involving two out of three of SADP's full time staff (including its director), which resulted in a management crisis. According to staff, one issue of PIC's newsletter, *Respite Report*, which was devoted to personnel issues, helped SADP deal with this problem. Other chronic personnel problems remained, however, particularly finding and retaining quality staff and, on a daily basis, organizing staffing to serve a fluctuating client attendance.

Partly as a result of turnover problems, SADP instituted a "user-friendly" medical record log, progress notes, and a card index on all clients, the latter including a client photo.

Transportation. SADP recognized from the outset that offering transportation to clients would be needed to boost enrollment. On PIC's advice, in 1994, SADP arranged limited use of vans borrowed from two local churches to take its more able clients on field trips. These trips included outings to the zoo, a nature park, a YMCA camp, picnic areas, and local cultural attractions. And in 1995, SADP purchased a handicapped equipped van and then a small bus.

Other upgrades in services. In other ways too, the center continued to upgrade its services. In 1994, it offered podiatry care to clients. In 1995, the center tried twice monthly cooking lessons for clients, and the more able were offered the opportunity to participate in group luncheons. Regularly, the center invited a local theater group and professional clown in to entertain. In 1996 it began urging greater use of services for a fee, including monthly health screens, flu shots, dental services, eye care, and nail care.

Financial issues. Prior to moving to the James L. West Center, SADP operated at financial break-even. To meet increased operating costs associated with its new space and staffing, in April 1993, it had increased its daily fee by 50 percent to \$40 per day, and

anticipated further, though marginal increases in years ahead. In April 1993, 90 percent of clients typically asked for financial assistance. Following PIC's advice to encourage new clients to pay the full fee, six months later (October 1993), only 12.4 percent received assistance.

In mid 1994, at the time of SADP's move to expanded hours, it went to a system of advanced billing with no cancellation refunds, and this policy increased client attendance and revenues. Although SADP was not successful in moving to a five-day schedule with extended hours, by 1996 its net operating revenue (including fund-raising and in-kind contributions) exceeded total cash expenses by 30 percent.

## **Communications**

The communications effort is described in the preceding section on marketing.

## **AFTERWARD**

At the end of its active involvement with PIC, SADP planned to continue to expand enrollment and eventually reintroduce five-day-a-week services with extended daily hours. Ancillary services, as well as its Alzheimer's support group, were to be promoted, and SADP planned to explore offering an exercise program for its clients.

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